MAXIMUS Federal Services

Case Number:	CM14-0188098		
Date Assigned:	11/18/2014	Date of Injury:	04/25/2014
Decision Date:	01/30/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractor (DC), has a subspecialty in Medical Acupuncture and is licensed to practice in Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male who suffered a work related injury on 04/25/2014. On 06/01/2012 he fell from a ladder, and sustained a small cut to his left gluteus region, and immediately felt low back pain. At that time he received 2-3 weeks of therapy which helped with the low back pain, but the pain has continued up to his second injury on 4/25/2014. On 4/25/2014 he was lifting a heavy trash can and reported he had immediate numbness in his right leg to his foot and had lower back pain. He has not worked since 4/25/2014. Diagnoses include Lumbar herniated nucleus pulpous Lumbar 3-4 with central canal stenosis and impingement of the right Lumbar 4 exiting nerve root and lumbar radiculopathy. The injured worker continues to complain of persistent and constant low back pain, which is described as burning, and rated 9/10 on the pain scale. The pain radiates down the right lower extremity to the foot and is accompanied by weakness, numbness and tingling. He has spasms in his back and right leg. He has difficulty with waking, and uses a cane with distance, and pain limits his activity. Treatment has included pain medications, and physical therapy. A Magnetic Resonance Imaging done on 5/29/2014 revealed Lumbar 3-4 herniated disc, with impingement upon the right exiting nerve roots from the Lumbar 4-5 disc protrusion. Physician note dated 10/21/2014 is requesting Chiropractic manipulation to the lumbar/cervical spine twice a week for six weeks. The request for transforaminal epidural steroid injection is being withdrawn due to elevated blood sugars which will be addressed by his primary care physician. Utilization Review dated 10/31/2014 modified the request for Chiropractic manipulation to the lumbar/cervical spine twice a week for six weeks to twice a week for three weeks. California MTUS, Chronic Pain Treatment Guidelines-Manual Therapy and Manipulation were cited for the decision. Manual therapy and manipulation is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective

functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. The request for 12 session of chiropractic treatment exceeds guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic manipulation to the lumbar/cervical spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The treatment request of 2 times a week or 6 weeks (12 visits) far exceeds guideline recommendations and therefore the treatment request is not medically necessary.